ANNUAL EVALUATION SUMMARY: FISCAL YEAR 2018

Child & Adolescent Mental Health Division





Child & Adolescent Program Improvement & Communications Office Mental

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Overview

Review of major trends and findings in the following areas:

General Review

- Youth Served
- Services Rendered
- Outcomes

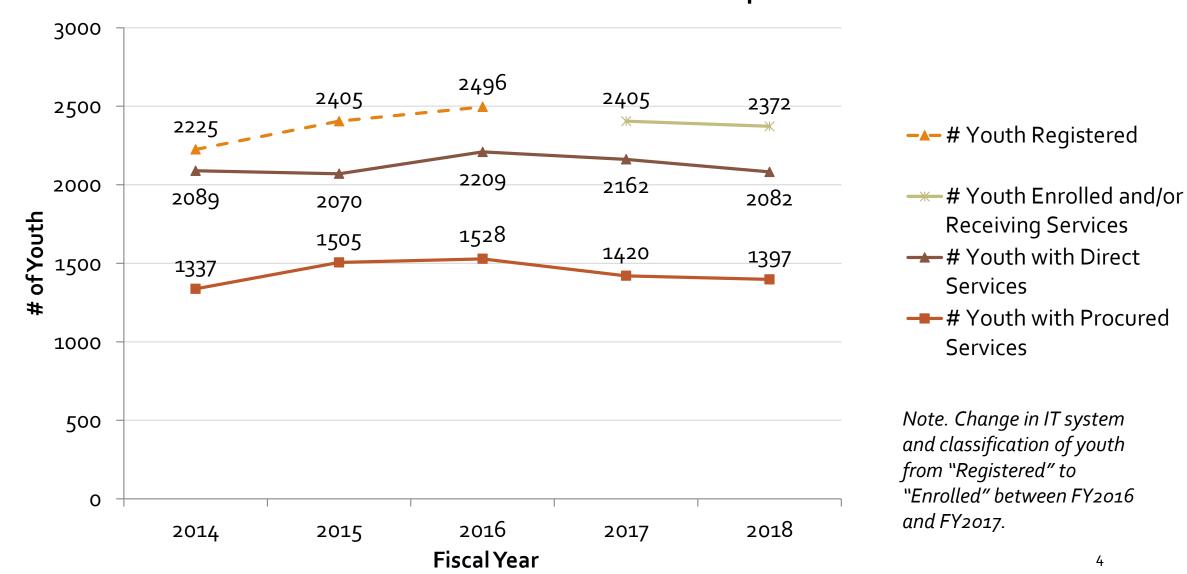
Special Analyses

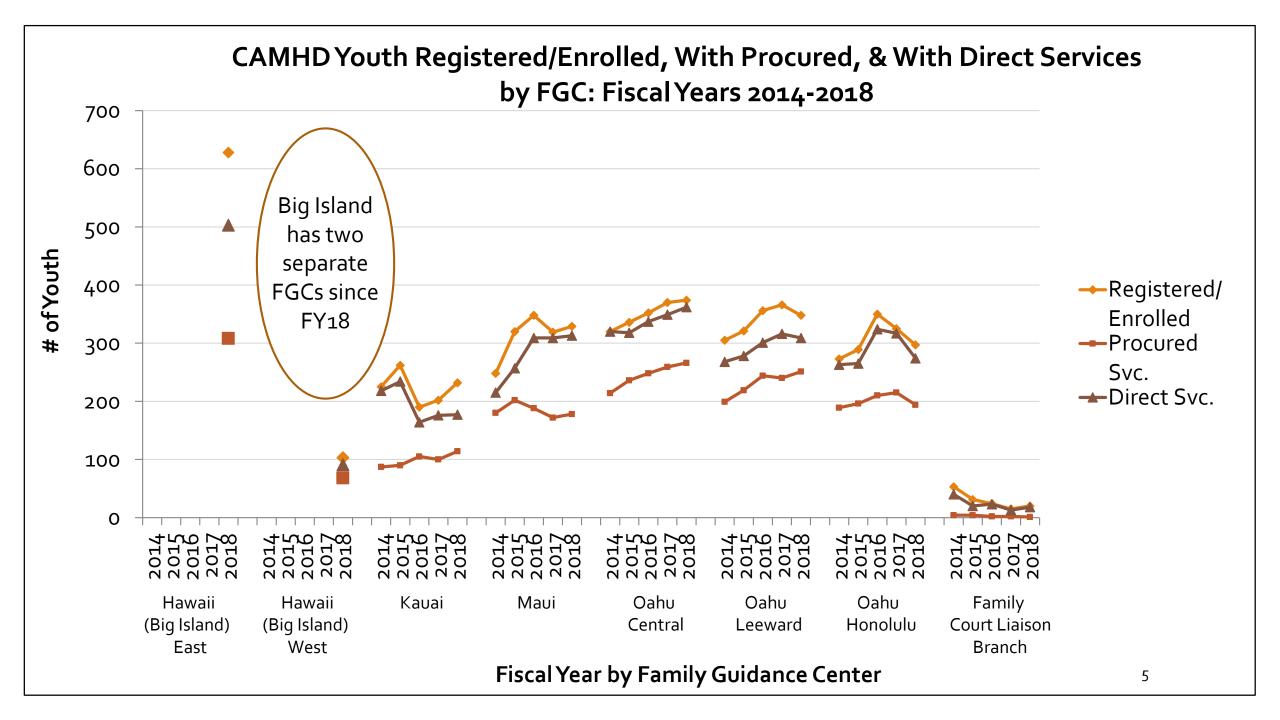
• Timeliness of Eligibility Determination

Summary

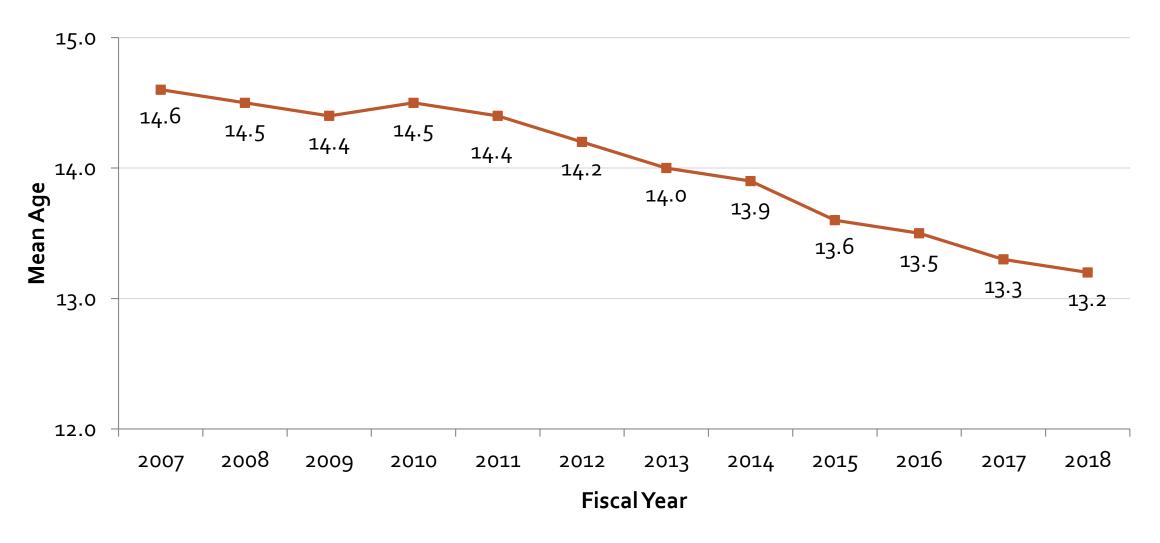
YOUTH SERVED





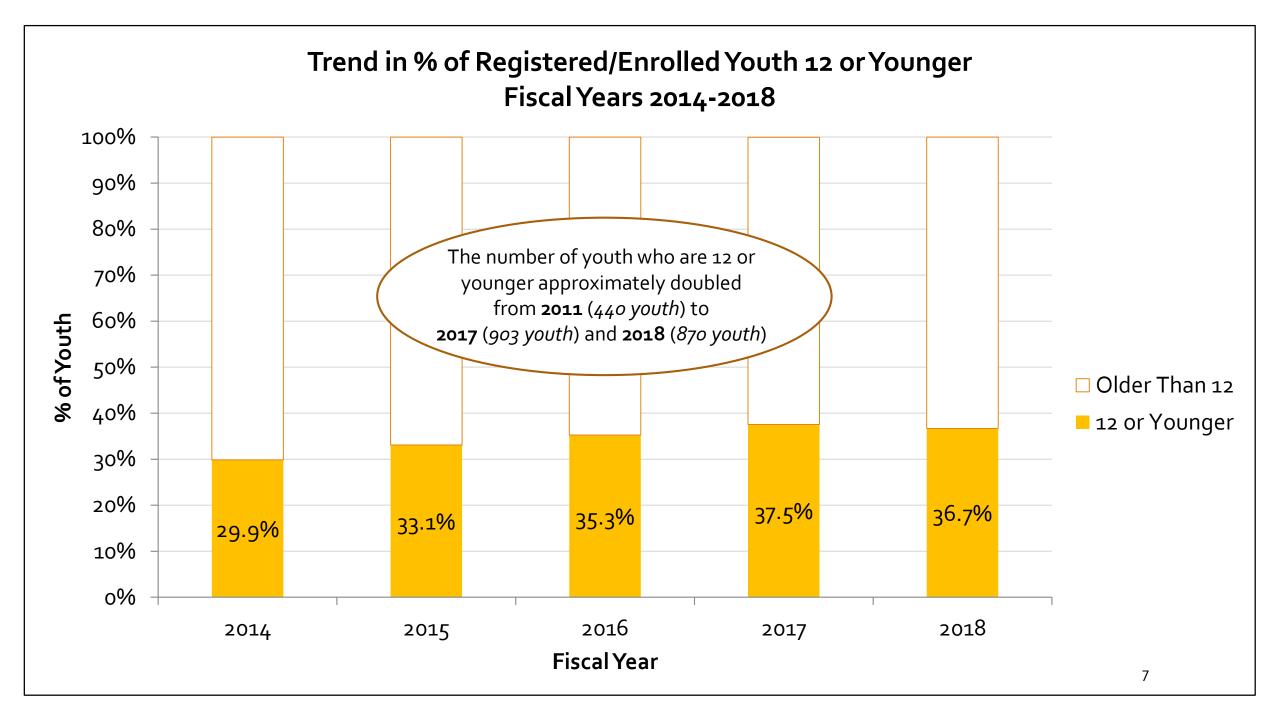


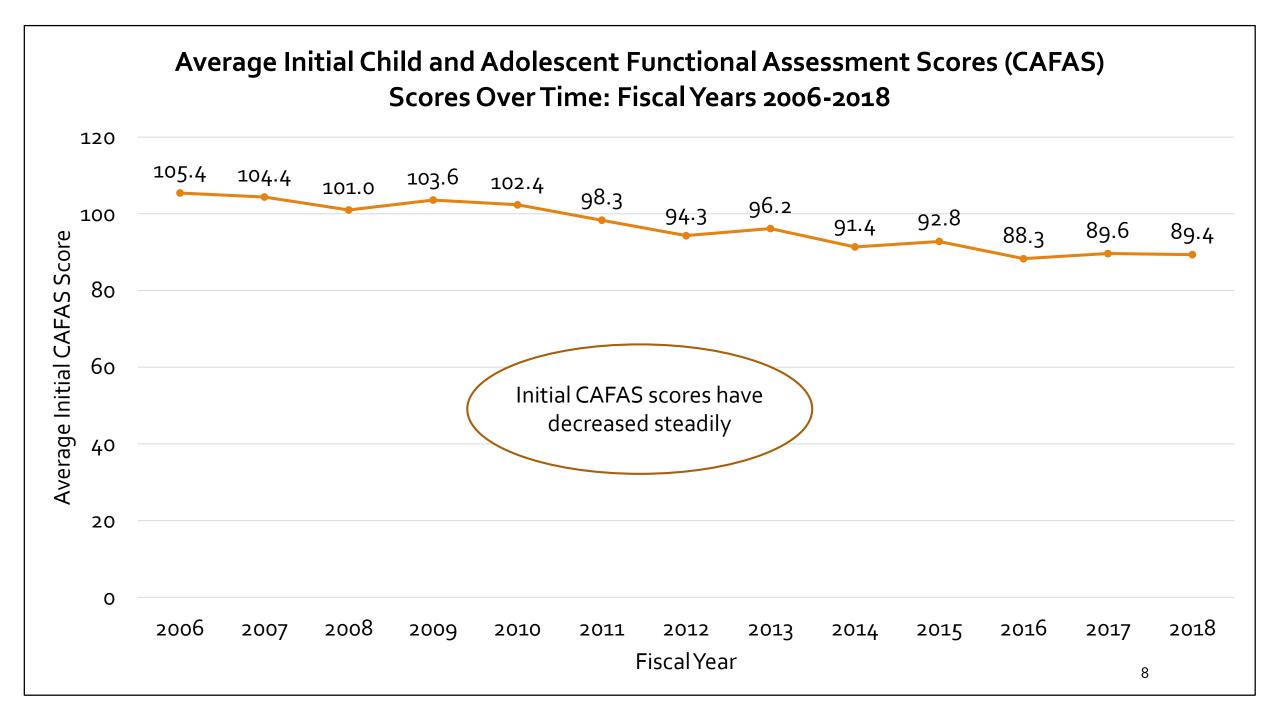


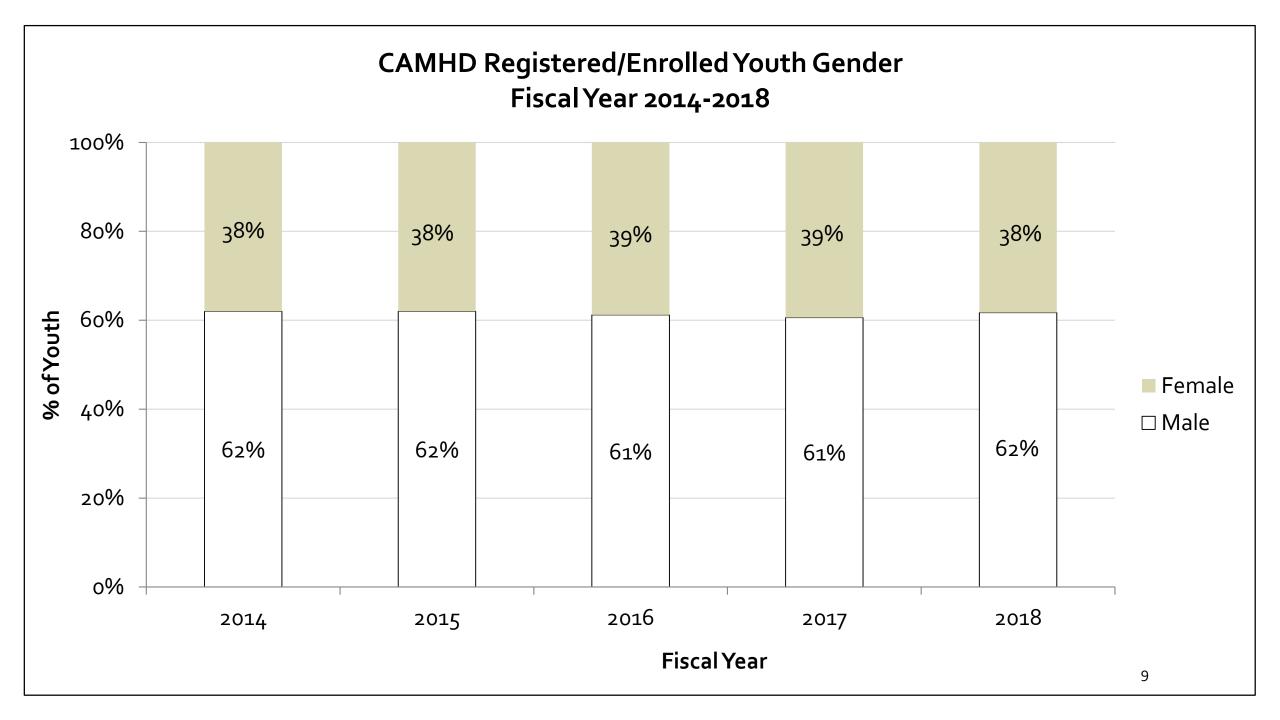


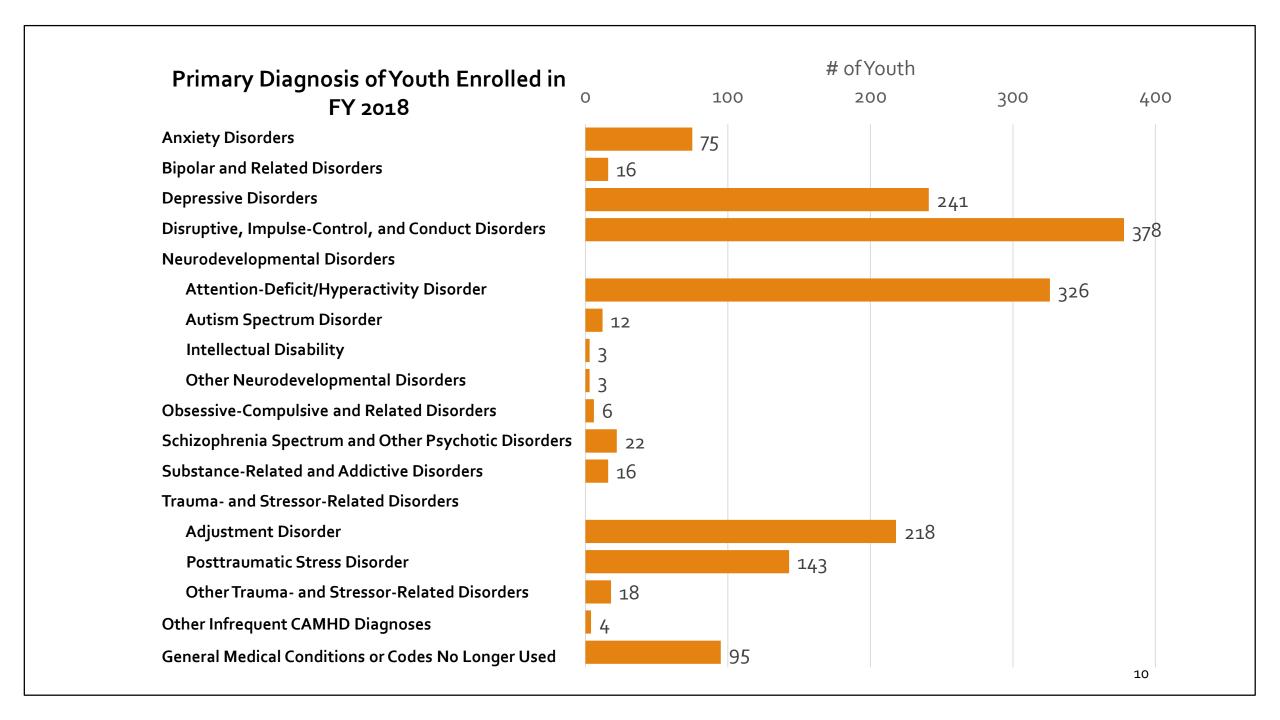
Note. Data excludes Kauai from 2007-2011 because of Mokihana program.

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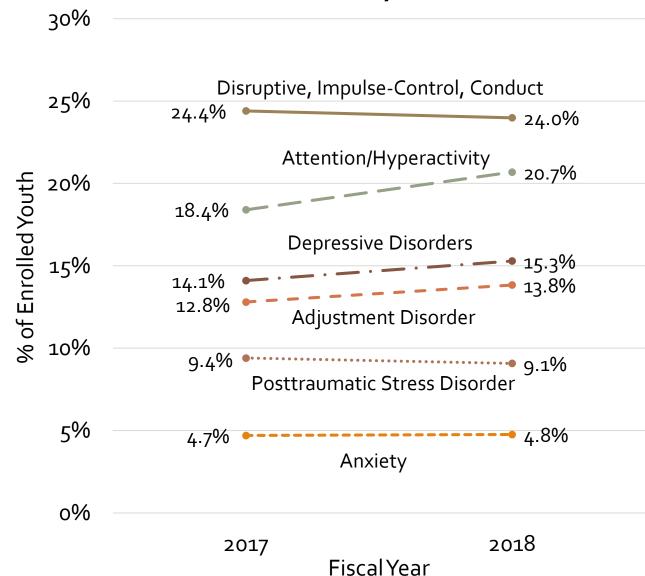








Change in Primary Diagnoses: Fiscal Years 2017-2018

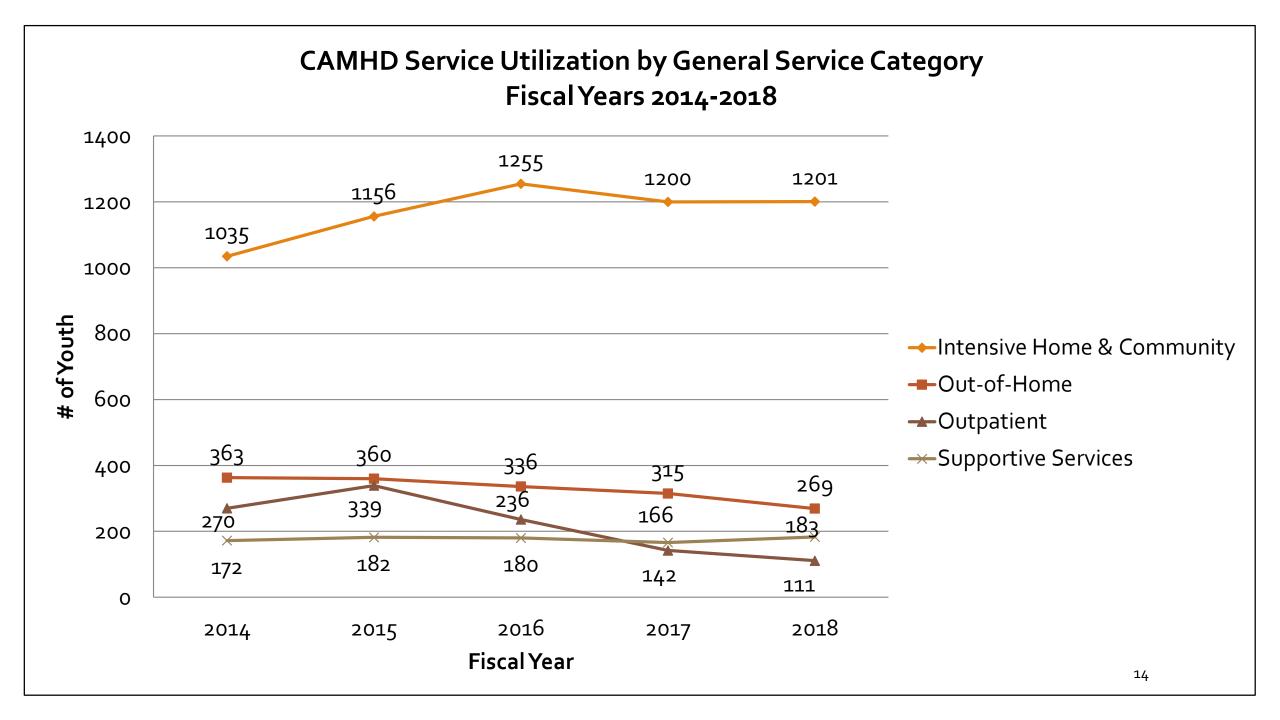


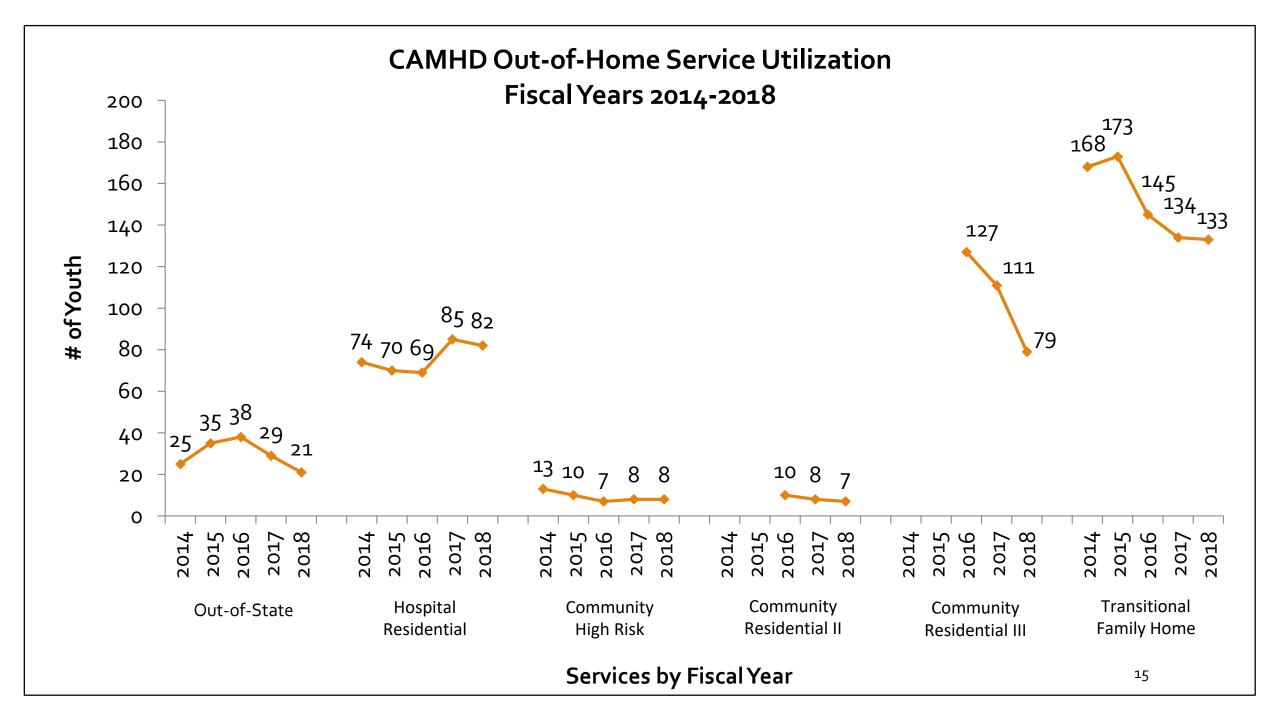
- Disruptive, Impulse-Control, and Conduct has been consistent since FY15, but was at 34% before FY11.
- Attention/Hyperactivity showing slight increase compared to previous years.
- Depressive Disorders had previously been in 18-20% range.
- Adjustment continuing to increase from 6
 % in FY11.

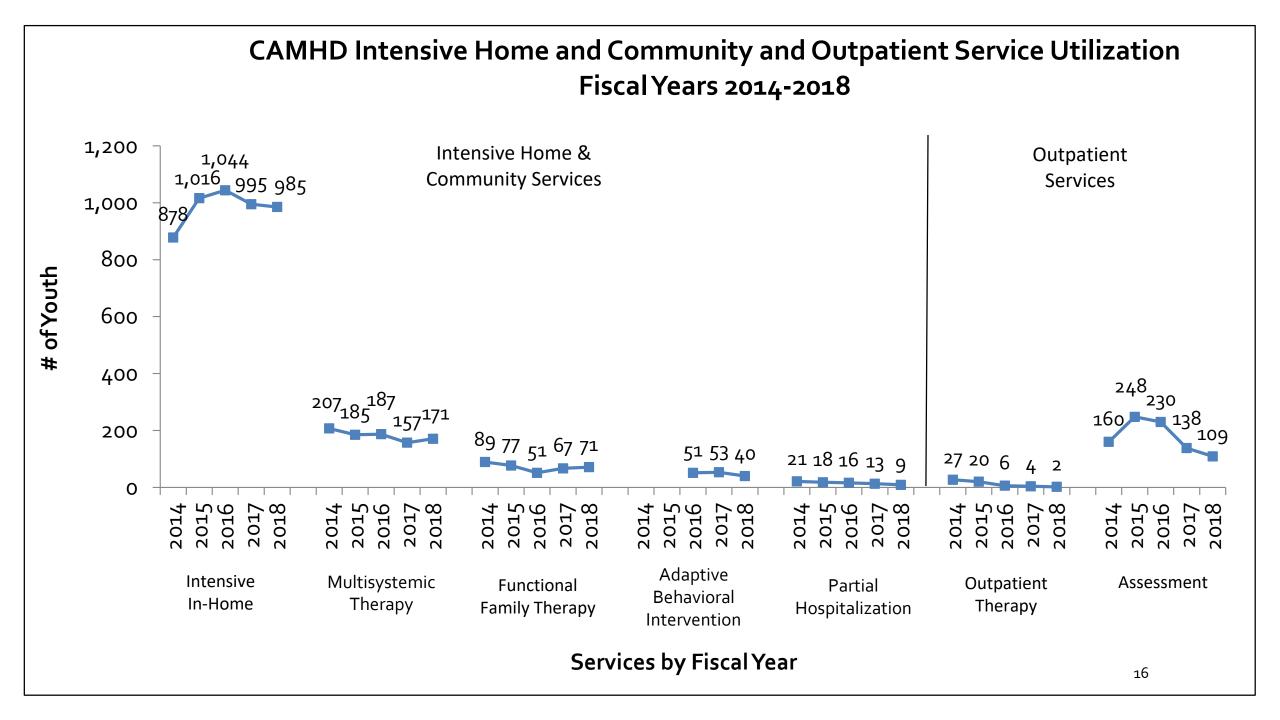
Youth Served-Key Findings

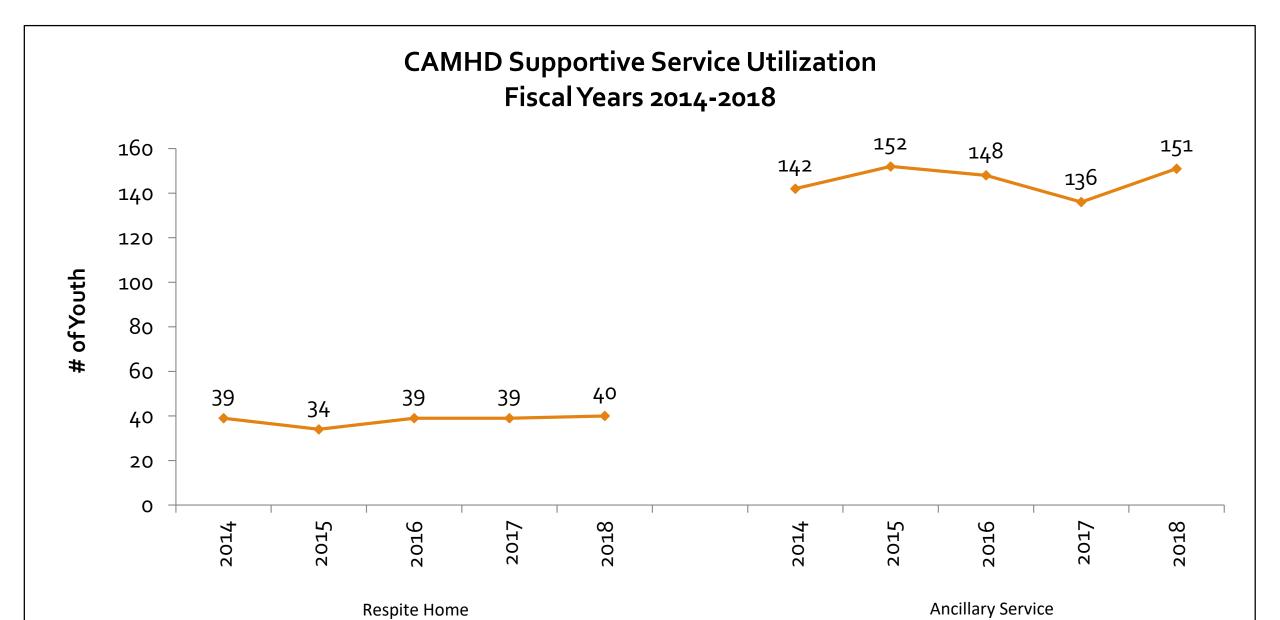
- The number of youth enrolled in CAMHD has decreased since FY 2016
- Client population continues to have a younger average age and less dysfunction (as measured by the CAFAS)
- Client population showing notable increases in adjustment disorder and ADHD diagnoses
- Average initial functional impairment score has decreased over time

SERVICES RENDERED

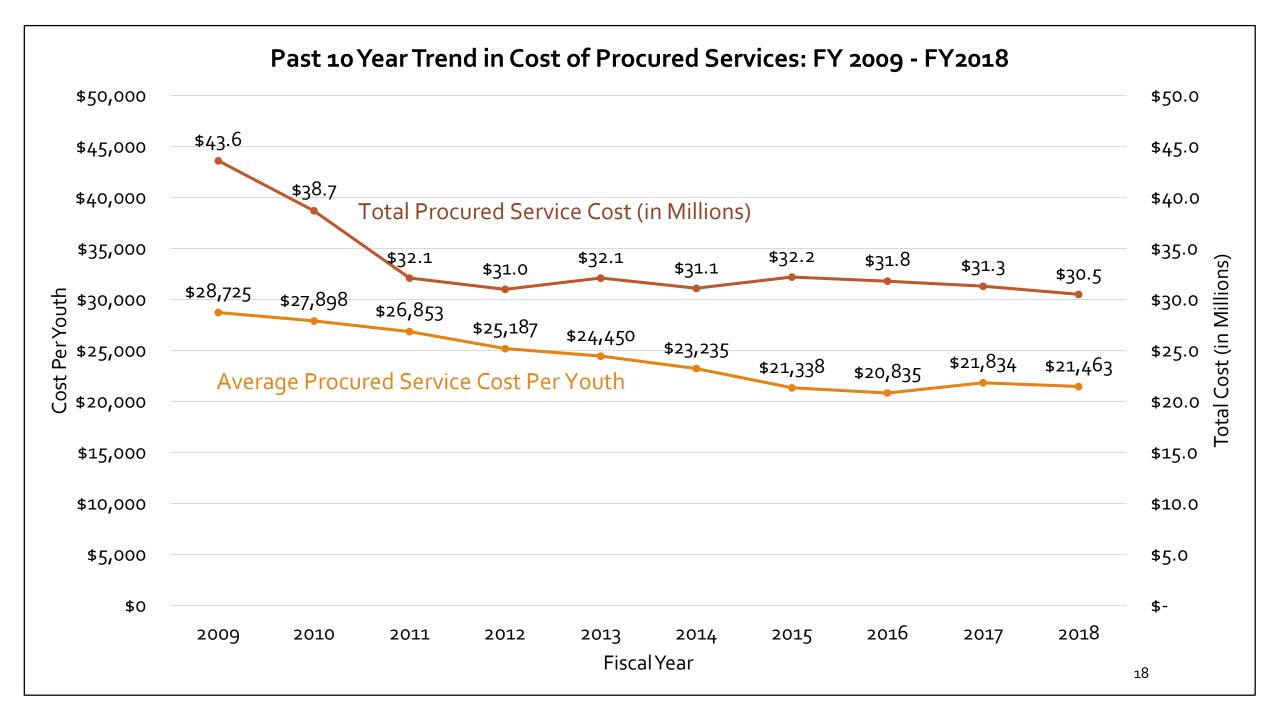








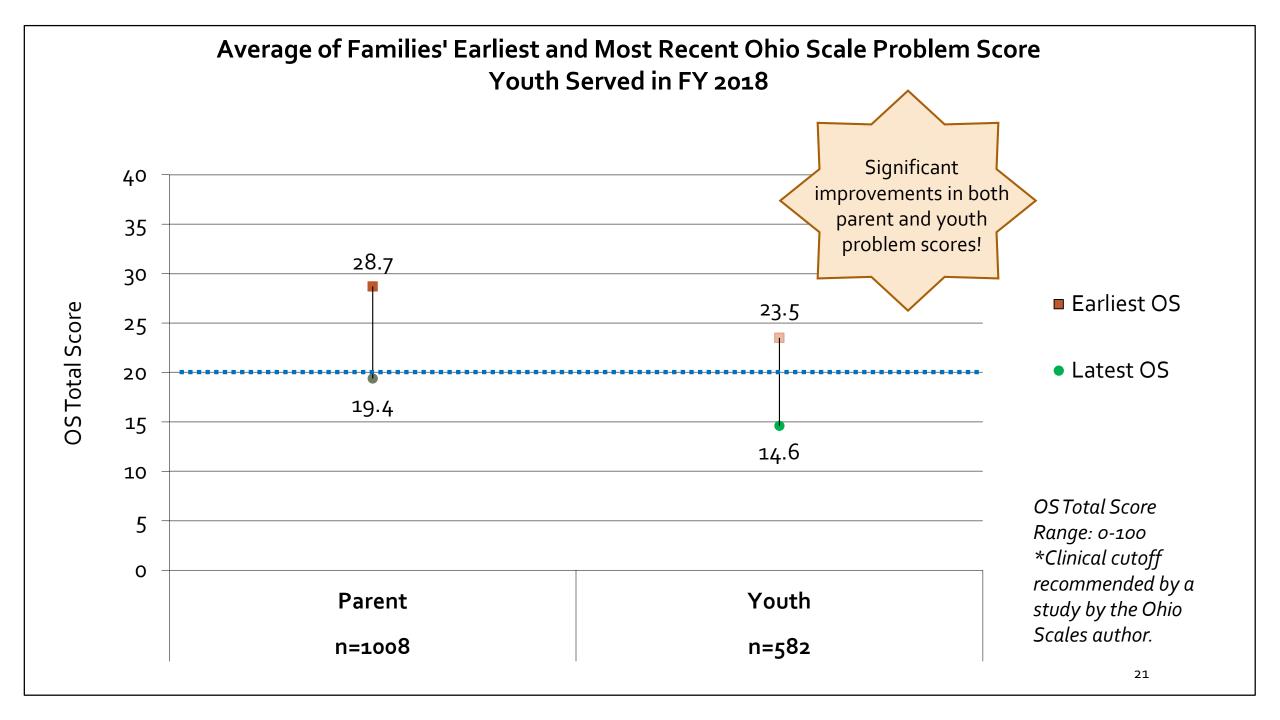
Services by Fiscal Year

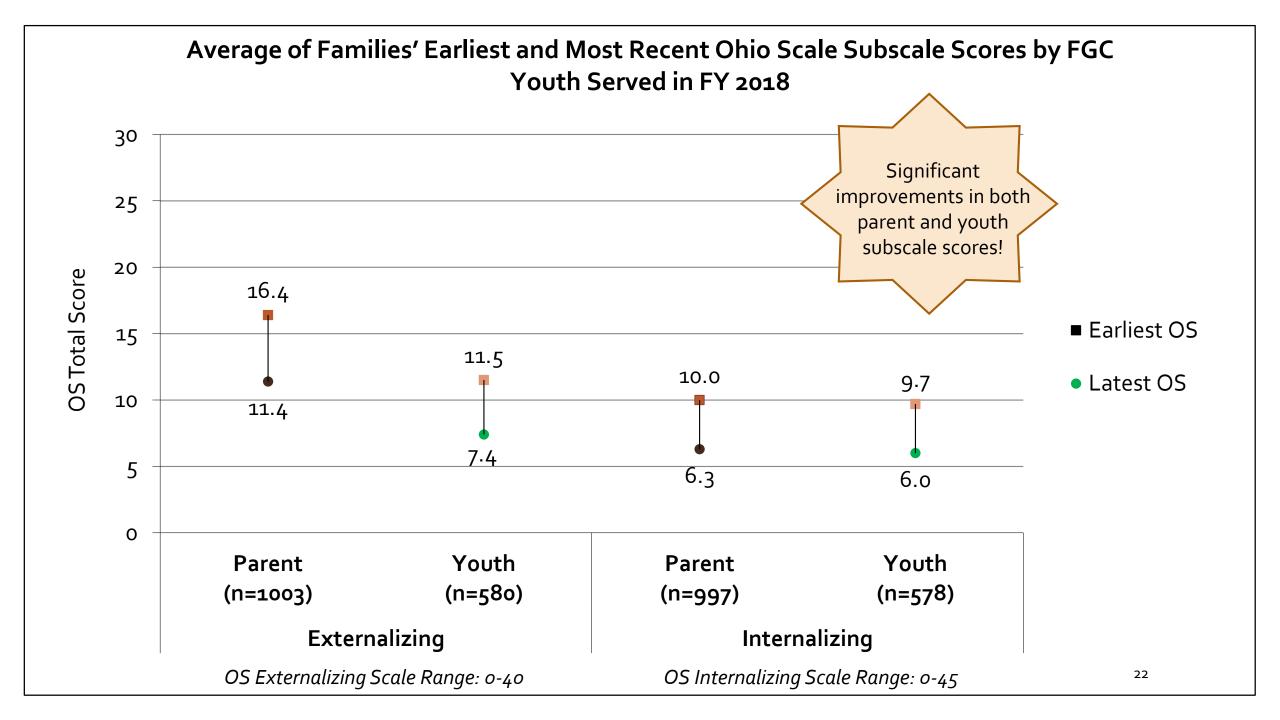


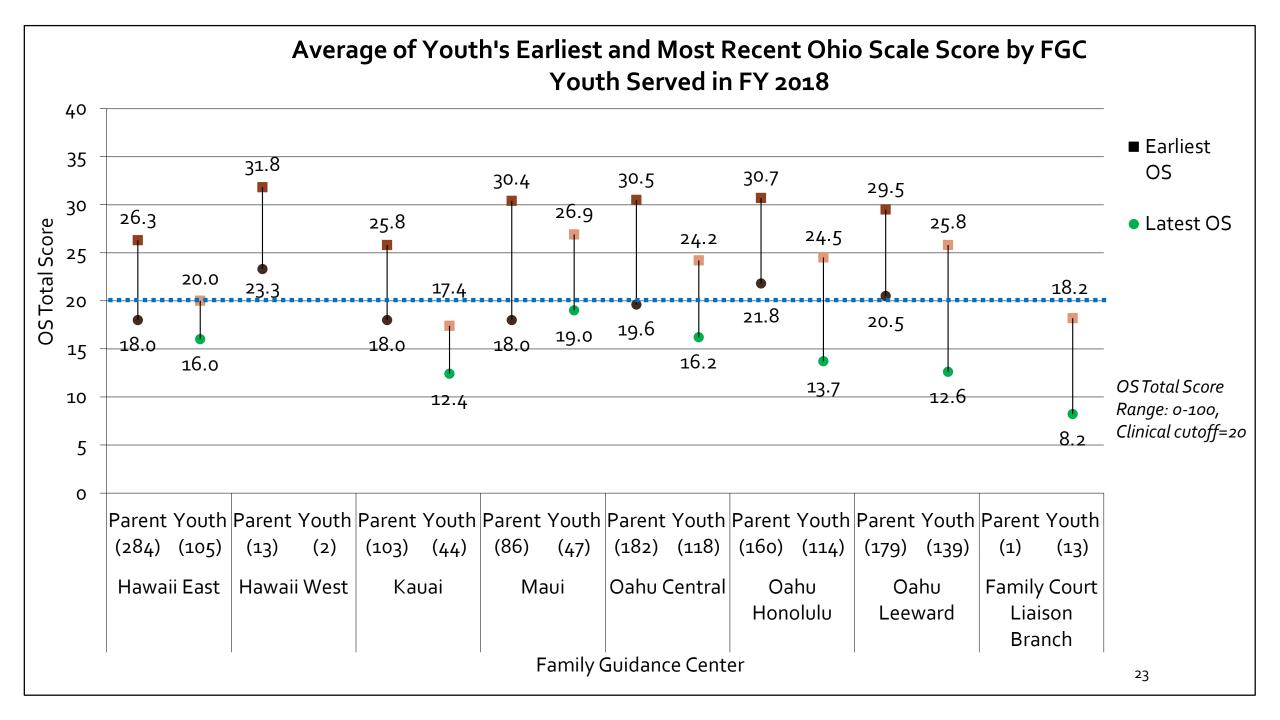
Services Rendered – Key Findings

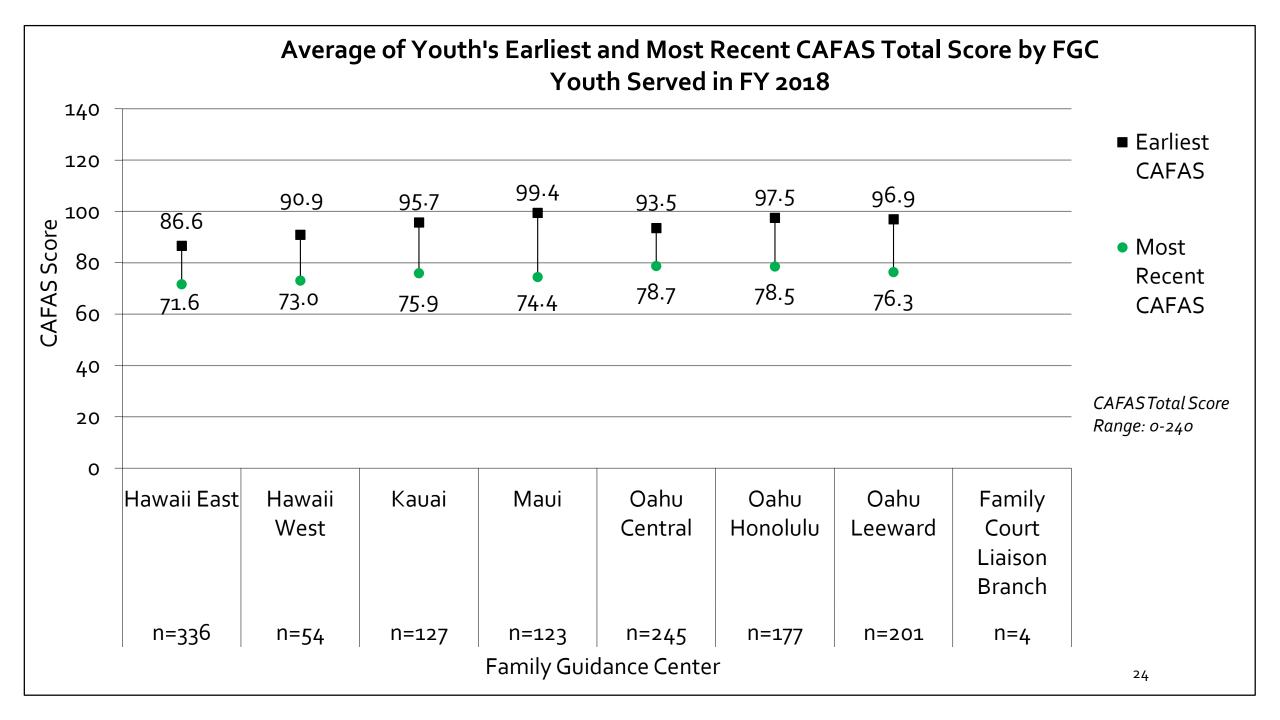
- The majority of levels of care have shown slight declines in number of youth served since the prior year and since 5 years ago.
- The only major levels of care showing increases since the prior year were Multisystemic Therapy (MST) and Functional Family Therapy (FFT). This might suggest increased utilization of evidence-based packages.
- CAMHD has demonstrated decreased average procured service cost per youth in the last decade. This might be due to increased efficiencies over the course of treatment.

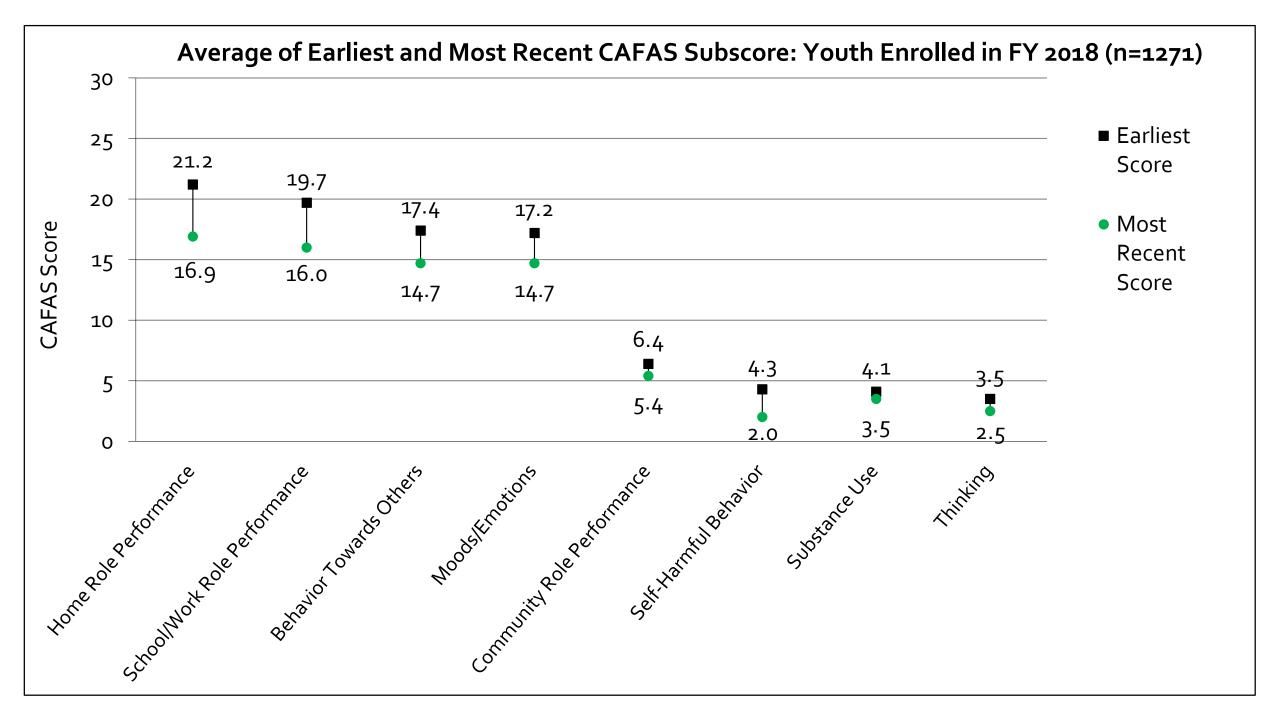
OUTCOMES











Outcomes – Key Findings

- On average, youth and families report statistically and clinically significant improvements between their first and most recent Ohio Scales administrations.
- On average, youth tend to report fewer problems on the Ohio Scales than parents.
- On average, CAMHD staff report statistically significant improvements for youth and families between the first and most recent CAFAS administrations (for total and subscales).

TIMELINESS OF ELIGIBILITY DETERMINATION

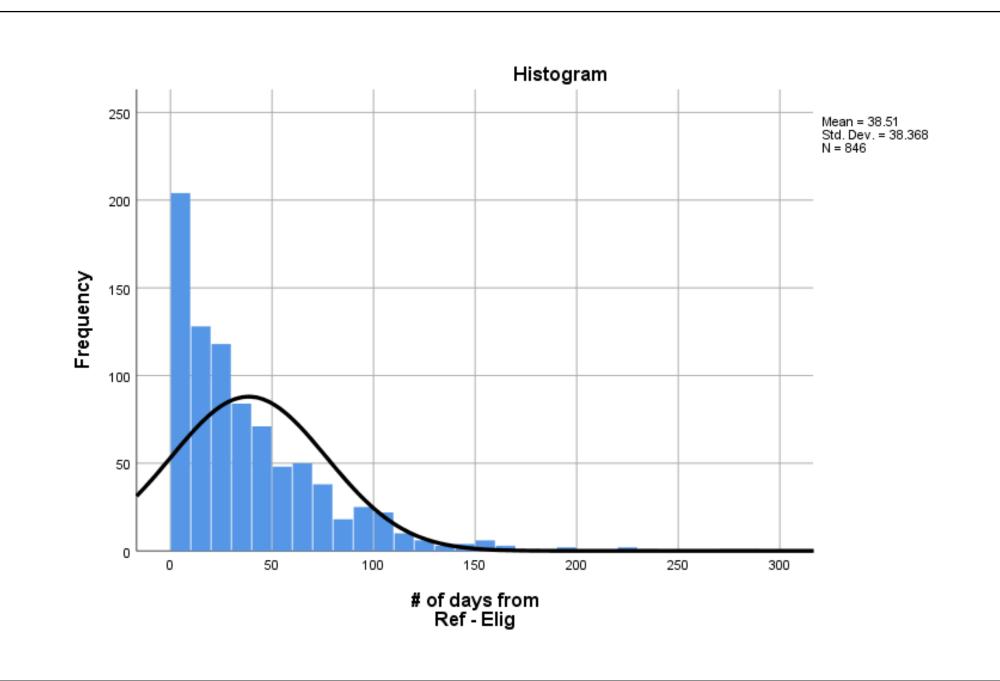
Why examine timeliness of eligibility determinations?

- Lengthy waiting time = access barrier
- Families who wait for a longer time
 - Are more likely to refuse services
 - Report lower general satisfaction with the services they received
- Time spent waiting might increase the opportunity for worsening symptoms
- Consumer and Provider Satisfaction Survey FY 2018 concerns on timeliness

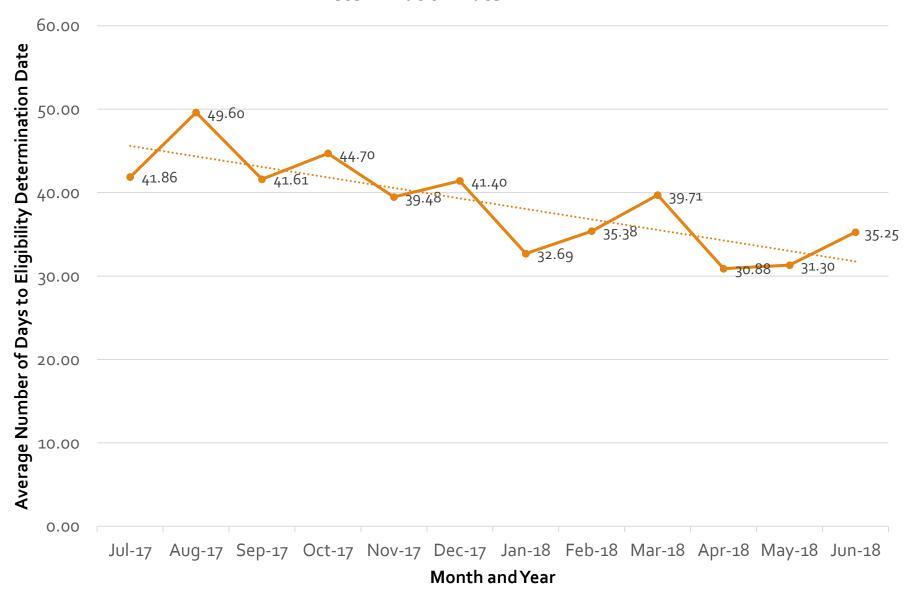
What is the average number of days between the date the Family Application was received and the date of Eligibility Determination?

What is the IDEAL average number of days?

- Research literature does not have a clear benchmark
 - Shorter is better
 - The threshold for when families no longer are interested in services is:
 - More than 6 months (Foreman & Hanna, 2000)
 - Between seven and eight weeks (Subotski and Berelowitz 1990).
- Teal Book
 - Contracted providers are asked to complete Initial Mental Health Evaluations within 21 days from the date of referral







Timeliness of Eligibility Determination - Findings

- Statewide average = 38.51 days*
 - *Caveat: Varying definitions in dates across centers
- On average, decreasing amount of time between "date family application packet received" and "eligibility determination date"
- What should our benchmark be?

Summary

- While the total number of youth enrolled has been decreasing, CAMHD is seeing youth who are younger and with less dysfunction, and seeing more youth with attention/hyperactivity and adjustment disorders.
- Most levels of care continue to serve less youth, although MST and FFT are increasing
- Youth showing statistically and clinically significant improvements
- On average, CAMHD has demonstrated decreasing amount of time between "date family application packet received" and "eligibility determination date." That said, we can do better!

WHAT <u>ACTION(S)</u> CAN WE TAKE?

(Discussion)

Mahalo!

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Additional Resources

- Child and Adolescent Mental Health Division Home Page
 - http://health.hawaii.gov/camhd/
 - http://health.hawaii.gov/camhd/resource-library/research-and-evaluation/ (For past annual evaluation reports and additional research studies)
- Help Your Keiki Resource for Families
 - http://helpyourkeiki.com/
- Keiki Mental Health Matters Campaign
 - https://www.keikimentalhealthmatters.org/
- Child and Adolescent Mental Health Division Social Media Accounts
 - www.facebook.com/camhdhawaii
 - www.instagram.com/camhdhawaii/